

Confined Space Entry Permit (Pre-Entry/Entry Check List)

Date and Time Issued _____

Date and Time Expires:_____

Job site:_____

Job Supervisor_____

Equipment to be worked on:_____

Work to be performed:_____

Pre-Entry (See Safety Procedures)

- Atmospheric Checks: Time ____
 Oxygen ____%
 Explosive ____% L.E.L
 Toxic ____PPM
- Source isolation (No Entry): N/A Yes No
 Pumps or lines blinded () () ()
 disconnected, or blocked () () ()
- Ventilation Modification: N/A Yes No
 Mechanical () () ()
 Natural Ventilation only () () ()
- Atmospheric check after isolation and Ventilation:
 Oxygen____% > 19.5%
 Explosive____% L.E.L. < 10 %
 Toxic____PPM < 10 PPM H₂S
 Time_____

If conditions are in compliance with the above requirements and there is no reason to believe conditions may change adversely, then proceed to the Permit Space Pre-Entry Check List. Complete and post with this permit. If conditions are not in compliance with the above requirements or there is reason to believe that conditions may change adversely, proceed to the Entry Check-List portion of this permit.

Entry (See Safety Procedures)

- Entry, standby, and back up persons: Yes No
 Successfully completed required training?
 Is it current? () ()
- Equipment: N/A Yes No
 Direct reading gas monitor - tested () () ()
 Safety harnesses and lifelines for entry and standby persons () () ()
 Hoisting equipment () () ()
 Powered communications () () ()
 SCBA's for entry and standby persons () () ()
 Protective Clothing () () ()
 All electric equipment listed Class I, Division I, Group D and Non-sparking tools () () ()
- Rescue Procedure:

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit and Check List Prepared By: (Supervisor)_____

Approved By: (Unit Supervisor)_____

Reviewed By (Confined Space Operations Personnel): (Printed name & signature)

This permit to be kept at job site. Return job site copy to Safety Office following job completion.

Copies: Original (Division Safety Office) Yellow (Unit Supervisor) Hard (Job site)

ENTRY PERMIT

_____ CONFINED SPACE _____ HAZARDOUS AREA

PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED

SITE LOCATION and DESCRIPTION _____

PURPOSE OF ENTRY _____

SUPERVISOR(S) in charge of crews _____ Type of Crew _____ Phone # _____

*** BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY ***

REQUIREMENTS COMPLETED	DATE	TIME	REQUIREMENTS COMPLETED	DATE	TIME
Lock Out/De-energize/Try-out	_____	_____	Full Body Harness w/"D" ring	_____	_____
Line(s) Broken-Capped-Blanked	_____	_____	Emergency Escape Retrieval Equip	_____	_____
Purge-Flush and Vent	_____	_____	Lifelines	_____	_____
Ventilation	_____	_____	Fire Extinguishers	_____	_____
Secure Area (Post and Flag)	_____	_____	Lighting (Explosive Proof)	_____	_____
Breathing Apparatus	_____	_____	Protective Clothing	_____	_____
Resuscitator - Inhalator	_____	_____	Respirator(s) (Air Purifying)	_____	_____
Standby Safety Personnel	_____	_____	Burning and Welding Permit	_____	_____

Note: Items that do not apply enter N/A in the blank

**** RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS ****

CONTINUOUS MONITORING**	Permissible										
TEST(S) TO BE TAKEN	Entry Level										
PERCENT OF OXYGEN	19.5% to 23.5%	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
LOWER FLAMMABLE LIMIT	Under 10%	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
CARBON MONOXIDE	+35PPM	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Aromatic Hydrocarbon	+ 1PPM * 5PPM	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Hydrogen Cyanide	(Skin) * 4PPM	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Hydrogen Sulfide	+10PPM *15PPM	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Sulfur Dioxide	+ 2PPM * 5PPM	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Ammonia	*35PPM	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

*Short-term exposure limit: Employee can work in the area up to 15 minutes.

+8 hr. Time Weighted Avg.: Employee can work in area 8 hours (longer with appropriate respiratory protection).

REMARKS: _____

GAS TESTER NAME & CHECK # INSTRUMENT(S) USED MODEL &/OR TYPE SERIAL &/OR UNIT #

SUPERVISOR AUTHORIZING ENTRY _____ AMBULANCE _____ FIRE _____

ALL ABOVE CONDITIONS SATISFIED _____ Safety _____ Gas Coordinator _____

DEPARTMENT: _____ Phone _____